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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	06132/045004
Applicant	William D. Thomas, Jr. et al.
Title	Passive Immunization Against Clostridium Difficile Disease
PRIORITY INFORMATION:	
This application is continuation-in-part of, and claims priority from, United States patent application Serial No. 09/815,452, filed March 22, 2001 (pending), which is a continuation of U.S. Serial No. 09/176,076, filed October 20, 1998 (U.S. Patent No. 6,214,341 B1), which claims priority from U.S. Serial No. 60/062,522, filed on October 20, 1997 (abandoned).	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	28 pages
Claims	2 pages
Abstract	1 page
Drawings	7 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/176,076 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages

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English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 17-20 x \$9	\$0.00
Excess Independent Claims Fee: 3-3 x \$43	\$0.00
Multiple Dependent Claims Fee: \$145	\$0.00
Total Fees:	\$385.00
<input checked="" type="checkbox"/> Enclosed is a check for \$385.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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